MALAR AUGMENTATION (CHEEK IMPLANTS)

WHO IS A CANDIDATE?

If you have a desire and need for more prominent cheek contour.

Small or significantly reduced cheek tissue and cheekbone contour as an inherited characteristic or as a result of aging.

Facial asymmetry.

INTENDED RESULT

Enhanced cheek contours.

Greater facial balance.

Improved symmetry.

PROCEDURE DESCRIPTION

Several optional incision locations are used:

a. Under the upper lip above the gum line
b. Beneath the eyelashes in the lower eyelid

The procedure is done on an outpatient basis under attended local or general anesthesia.

The selection of incision location will be discussed at the time of consultation.

An anatomically correct shaped implant is inserted over the natural cheekbone contour. It will be held in place by the normal tissues that surround it and a small suture through cotton dressing in the hairline. This dressing will be removed in 3-5 days after surgery.

RECUPERATION AND HEALING

SUTURES

The suture and cotton ball will be removed in 3-5 days.

Sutures in the mouth dissolve and do not need to be removed.

Sutures under the eyelid are self-absorbing.
SWELLING AND BRUISING

Initial swelling is usually moderate and gradually disappears over a month or two.

PAIN

Discomfort is mild to moderate and is controlled with oral medications.

STAY

HOW LONG SHOULD I STAY IN SCOTTSDALE?

You will have a pre-operative visit with Dr. Meltzer two days prior to your procedure. Following the procedure you may stay in the Recovery Care Center of the hospital for one night or be discharged to a hotel. You will need to stay in Scottsdale an additional three to four nights, as your sutures will be removed on day three. In total you need to plan on being in town at least six to seven nights.

OTHER OPTIONS

Additional procedures that would enhance the result are other facial cosmetic procedures such as Face Lift, Eyelid Lift, Brow Lift, Rhinoplasty, or Chin Augmentation.

INSURANCE GUIDELINES

Please read the INSURANCE section of the FINANCIAL POLICY for detailed information.

NOTE

The specific risks and suitability of this procedure for a given individual can be determined only at the time of consultation. All surgical procedures have some degree of risk. Minor complications that do not affect the outcome occur occasionally. Major complications occur rarely.
SPECIFIC SURGICAL RISKS FOR MALAR AUGMENTATION

SPECIFIC SURGICAL RISKS FOR MALAR AUGMENTATION WITH CHEEK IMPLANTS

INFECTION

Infection, a rare complication, can occur. Suspect infection if you experience redness and warmth in the cheek area associated with unusual pain and/or drainage from the incision site. Dr. Meltzer will need to begin treatment immediately, so please call the office immediately at 866-876-6329 or local 480-657-7006. IT IS IMPORTANT TO CALL ONE OF THESE TWO NUMBERS AS THESE ARE THE ONLY ONES MONITORED BY OUR ANSWERING SERVICE.

NERVE INJURY

Temporary numbness of the cheek area including the upper lip can occur. Rarely, patients experience small areas of permanent numbness. Injury to the facial nerve is possible. Rarely, patients may experience asymmetry of smile or weakness of the muscles of the lips.

ASYMMETRY

It is unusual, but possible for the implants to shift out of position either soon after surgery or within several months. Avoid local trauma during the healing period! If slipping should occur, you may require further surgery.

PRESENCE OF SILICONE RUBBER

Cheek implants are made of silicone rubber. Although silicone rubber has not been implicated in any diseases, and has been used in many types of implants, its use is under investigation.

ALTERNATIVES

Cheek implant surgery is elective. You may live with your current contour without risk. Other potential choices include onlay bone grafts, other types of implant materials and fat transfer. Other surgical choices also have potential risks.
GENERAL SURGICAL RISKS

The following are general guidelines for surgical risks. Procedure specific information may be elsewhere in your information.

ABOUT RISKS

We want you to understand fully the risks involved in surgery so that you can make an informed decision. Although complications are infrequent, all surgeries have some degree of risk. All of us at your office will use our expertise and knowledge to avoid complications as much as possible. If a complication does occur, we will use those same skills in an attempt to solve the problem quickly. The importance of having a highly qualified medical team and the use of a certified facility cannot be overstated.

In general, the least serious problems occur more often and the more serious problems rarely occur. If a complication does arise, you, Dr. Meltzer, and the nursing staff will need to cooperate with one another to resolve the problem. Most complications involve an extension of the recovery period rather than any permanent effect on your final result.

NORMAL SYMPTOMS

SWELLING AND BRUISING

Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may indicate bleeding or possible infection.

DISCOMFORT AND PAIN

Mild to moderate discomfort or pain is normal after any surgery. If the pain becomes severe, and is not relieved by pain medication, please call us at 866-876-6329 or locally at 480-657-7006.

CRUSTING ALONG THE INCISION LINES

Is usually treated with an antibiotic ointment.
NUMBNESS

Small sensory nerves to the skin surface are occasionally cut when the incision is made or interrupted by undermining of the skin during surgery. The sensation in those areas gradually returns, usually within three to six months, as the nerve endings heal spontaneously.

ITCHING

Itching and occasional small shooting electrical sensations within the skin are common symptoms as the nerve endings are healing. Ice, skin moisturizers, and massages are helpful during your recovery period.

REDNESS OF SCARS

All new scars are red, dark pink, or purple. Scars may take up to one year or longer to fade completely.

COMMON RISKS

HEMATOMA

Small collections of blood under the skin are usually allowed to absorb spontaneously. Larger hematomas may require aspiration, drainage, or even surgical removal to achieve the best results.

INFLAMMATION AND INFECTION

A superficial infection may require an antibiotic ointment. Deeper infections are treated with oral antibiotics. Development of an abscess usually requires drainage.
THICK, WIDE OR DEPRESSED SCARS

Abnormal scars may occur even though the most modern plastic surgery techniques are used. Injection of steroids into the scars, placement of silicone sheeting onto the scars, or further surgery to correct the scars is occasionally necessary. Some people scar more than others and some areas on the body scar more than others. Your own history of scarring should give you some indication of what you can expect.

INJURY TO DEEPER STRUCTURES

Blood vessels, nerves and muscles may be injured during surgery. The incidence of such injuries is rare.

RARER COMPLICATIONS

If they are severe, any of the problems mentioned under Common Risks may significantly delay healing or necessitate further surgical procedures.

Medical complications such as pulmonary embolism, severe allergic reactions to medications, cardiac arrhythmias, heart attack and hyperthermia are rare, but serious and life-threatening problems. Having a board-certified anesthesiologist present at your surgery reduces these risks as much as possible. (Failure to disclose all pertinent medical data before surgery may cause serious problems for you and for the medical team during surgery.)

UNSATISFACTORY RESULT & NEED FOR REVISIONAL SURGERY

All plastic surgery treatments and operations are performed to improve a condition, a problem or an appearance. While the procedures are performed with a very high probability of success, disappointments occur and results are not always acceptable to patients or the surgeon. Secondary procedures or treatments may be indicated. Rarely, problems may occur that are permanent.

POOR RESULTS

Asymmetry, unhappiness with the result, poor healing, etc. may occur. Minimal differences are usually acceptable. Larger differences frequently require revision surgery.
PREPARING FOR SURGERY

The following are general Preparing for Surgery guidelines. Procedure specific guidelines also may be included in your packet.

IMPORTANT PREPARATION FOR SURGERY

STOP SMOKING
Smoking reduces circulation to the skin and impedes healing.

DO NOT TAKE ASPIRIN OR IBUPROFEN
Stop taking NSAID (non-steroidal anti inflammatory) medications such as aspirin or ibuprofen 3 weeks prior to surgery. Review the list of drugs containing aspirin and ibuprofen carefully. Such drugs can cause bleeding problems during and after surgery. Instead, use medications containing acetaminophen (such as Tylenol).

LIMIT VITAMIN E
Limit your intake of Vitamin E to less than 40 IU per day at least 3 weeks prior to surgery.

MEDICATIONS
Please let our office know about all the medications that you are taking. You will be required to complete a Health History form and return it to us as soon as possible. If your medications change after sending us the Health History, please let us know. Especially important medications to inform us about are Cardiac and Hypertensive medications such as beta-blockers.

REVIEW THE MEDICATIONS TO AVOID
Included elsewhere in this packet is a list of medications to avoid 3 weeks before surgery and 2 weeks after. If any of these medications are prescribed for you please call our office.

FILL YOUR PRESCRIPTIONS
You will be given prescriptions for your post-operative medications at either your preoperative visit or while you are in town. It is strongly advised to have them filled BEFORE the day of surgery and bring them with you. If you are staying at the Recovery Care Center, you will not begin taking your prescriptions until you are discharged. Please contact our office if you have any concerns about prescription medication you will be receiving.
THE DAY BEFORE SURGERY

PRESCRIPTIONS

Make sure that you have filled the prescriptions you were given and set the medications out to bring with you tomorrow.

Cleansing

Please shower with Hibiclens prior to your surgery. You may be asked to shower before your pre-op appointment also.

EATING AND DRINKING

Do not eat anything for 10 hours prior to surgery. The risks of anesthesia are greater if there is food in your stomach.

You may NOT have anything to eat or drink during the 10 hours prior to your surgery. THIS INCLUDES WATER.

THE MORNING OF SURGERY

SPECIAL INFORMATION

If your daily medications are taken in the morning, please call the office to verify which ones should be taken. These you will take with a sip of water.

ORAL HYGIENE

You may brush your teeth but do not swallow the water.

Cleansing

Shower and wash the surgical areas with Hibiclens. Do not shave the surgical areas.

MAKE-UP

Please do not wear moisturizers, creams, lotions, or makeup.

CLOTHING/JEWELRY

Wear only comfortable, loose-fitting clothing that does not go over your head. Remove hairpins, wigs, and ALL jewelry. Please do not bring valuables with you.

IF YOUR SURGERY IS AT THE GREENBAUM SURGERY CENTER

Report to the hospital TWO HOURS before your scheduled surgery time. Bring all your medications with you.
GOING TO THE HOSPITAL OPERATING ROOM

THE SURGERY CENTER

Below is the address for the Surgery Center. Please give this information to your friends and family.

Our office cannot give updates on your current status. We can relay to pre-authorized individuals the address and phone number of the surgery center. It is important to know that we will only release information to individuals you have authorized. Please provide us with a list at your pre-operative appointment of friends and family that can have this information. Also remember to update this list if status changes.

Upon check-in at the surgery center be prepared to give a list of individuals authorized to receive informational updates on your progress.

Ask your family and friends to give you sufficient time post-operatively to get into your room before calling.

THE GREENBAUM SURGERY CENTER
3535 N. Scottsdale Rd.
Scottsdale, AZ 85251
480-675-4000

GREENBAUM RECOVERY CARE CENTER
3535 N. Scottsdale Rd.
Scottsdale, AZ 85251
480-882-4588

THE MAIN HOSPITAL ADDRESS
Scottsdale Healthcare Osborne
7400 E. Osborne Rd.
Scottsdale, AZ 85251
480-675-4000
THE OPERATING ROOM
Going to the operating room is not a normal experience for most of us. Dr. Meltzer and staff recognize the natural anxiety with which most patients approach this step in the process of achieving their goals. We believe a description of the surgery experience will help to prepare you for it. Specialists using modern equipment and techniques will attend to you. The team includes a board certified anesthesiologist, a trained surgical assistant and nurses who will assist Dr. Meltzer. A registered nurse is in charge of the operating room.
Once you enter the operating room, the staff will do everything they can to make you feel secure. You will feel comfortable on the operating table, and the anesthesiologist will start an intravenous drip in your arm. Medicines that will make you drowsy will flow through the tubing into a vein in your arm. At the same time, to ensure your safety, the anesthesiologist will connect you to monitoring devices.

THE RECOVERY ROOM
When your surgery has been completed and your dressings are in place, you will be moved to the recovery room. You will constantly be connected to monitoring equipment, and during this period, fully trained recovery room nurses will remain with you at all times. These nurses are certified for advanced cardiac life support. You can be confident that you will be cared for in the recovery room.

When your initial recovery is completed and all of your vital signs are stable, you will be transported to your room in the Recovery Care Center.
Most patients have very little memory about their stay in the recovery room.

THE RECOVERY CARE CENTER
After you leave the recovery room, you will be transferred to the Recovery Care Center (RCC) which is upstairs. THE RCC has spacious, private rooms with your own bathroom. You may extend your stay space permitting. You will need to pay for any extra nights before being discharged. They do have two larger rooms that can be reserved, space permitting, for an additional fee.

GREENBAUM RECOVERY CARE CENTER
3535 N. Scottsdale Rd.
2nd Floor
Scottsdale, AZ 85251-5608
480-882-4588
VISITING POLICY

OTHER PATIENTS
We frequently have several patients at the hospital recovering from various procedures. While we encourage patients to visit with each other, we do maintain a strict privacy policy. We ask that you not visit any rooms without specific authorization. The nurses or Patient Care Assistants will be happy to check with each patient to let you know who would like to receive visitors. We also provide signs to place on your door that indicate visitors are welcome or that you wish not to be disturbed.

If you do not wish to receive visitors, please inform the nurses and patient care assistants.

FAMILY AND FRIENDS
We do ask that you have family and friends stay at a nearby hotel. The rooms at the RCC, while spacious, are not designed for your family or friends to stay. If you find you need a little extra support at a particular time, the hospital will provide a recliner on an occasional basis.

Visiting hours are flexible. Meals are provided for the patient only. If your visitors would like to eat with you they may bring their own meal with them to your room.

WHILE YOU ARE IN THE HOSPITAL

DRESS
When walking around the hospital, please make sure you either wear a robe or appropriate loose and comfortable clothing. Also, please exercise modesty when in your room with the door open.

CELL PHONES
You may use your cell phone in the hospital.

For the protection of both your privacy and the privacy of other patients, patients and visitors are not permitted to stand at the nurses’ station. Please use your call button if you need to ask the nurses a question.

MEDICATIONS
ALL MEDICATIONS WILL BE DISPENSED BY THE NURSING STAFF.

While you are staying at the hospital, all medications will be dispensed by the nursing staff from the hospital pharmacy.

FAMILY AND FRIENDS
We will not release information to any one unless specifically instructed by you. If you know that certain individuals will be calling, please provide us with a list at or before your pre-operative appointment.
SPECIFIC POST-OP FOR MALAR AUGMENTATION

POSITION

Keeping your head above the level of your heart as much as possible will help you to minimize the swelling and thus the discomfort. You may shower the morning after surgery.

SUTURES

Sutures inside the mouth will dissolve in about 2 weeks. You may feel them with your tongue, but it is important that you leave them alone.

ICE

Crushed ice in a "baggie" or soft packs of frozen peas are very helpful in controlling both swelling and pain. Apply the ice intermittently as tolerated to the jaw areas.

DIET

Good oral hygiene is imperative if Dr. Meltzer has made an incision within your mouth. Gentle brushing and thorough rinsing after each meal are important. Use a mouthwash such as Peridex, salt water, or a 50% hydrogen peroxide/50% water mixture as often as six times daily.

To avoid disrupting the incisions inside your mouth, follow the diet restrictions below:

1st and 2nd day after surgery:

Liquid diet. Example: broth, soda, tea, coffee, juice, nutritional drinks.

3rd day after surgery:

Soft diet. Example: ice cream, mashed potatoes, fruit smoothies, apple sauce.

4th day after surgery:

Resume normal diet as tolerated.
GENERAL LONG TERM POSTOPERATIVE INSTRUCTIONS

ACTIVITY/SPORTS
We want you to avoid staining or unnecessary aerobic activity for at least two weeks after surgery. This is to avoid bleeding, bruising, and swelling. You may resume light activities after two weeks. Do not resume heavy activities or strenuous exercise for four weeks. Dr. Meltzer will give you clearance to increase your activities according to the progress of your recovery.

DRIVING
You may resume driving when you feel you are able, but wait at least two days after surgery. Keep in mind that you must have full use of your flexes. If pain will inhibit them, don’t drive! You may not drive if you are taking any pain medication!

SUN EXPOSURE
If fresh scars are exposed to the sun, they will tend to become darker and take longer to fade. Sunscreen can help. Take extra care and precautions if the area operated on is slightly numb -- you might not "feel" a sun burn developing!

WORK
Follow whatever plan you and Dr. Meltzer/ Dr.Ley have agreed upon.

SPECIFIC AS YOU HEAL FOR MALAR AUGMENTATION

NUMBNESS AND SWELLING
Numbness and some swelling will occur. You will not look as strange to other people as you think you do.

DISCOMFORT
You may experience discomfort if you bump your cheeks or lie on your stomach. This, too, will resolve.

HEALING OF SENSORY NERVES
Tingling sensations indicate that the superficial nerves are coming back to life.

SPECIAL INSTRUCTIONS FOR MALAR AUGMENTATION

PROPHYLACTIC ANTIBIOTICS

DENTAL/ORAL SURGERY
After having implants placed for Malar Augmentation, you should always inform your dentist or oral surgeon before any dental or oral procedures. Prophylactic antibiotics should be part of your pre-operative therapy.
MEDICATIONS TO AVOID BEFORE AND AFTER SURGERY

If you are taking any medications on this list please discontinued use three weeks prior to surgery. Only Tylenol should be taken for pain. It is absolutely necessary that all of your current medications be specifically cleared by your doctor and the nursing staff before your surgery.

**ASPIRIN MEDICATIONS TO AVOID**

<table>
<thead>
<tr>
<th>4-Way Cold Tabs</th>
<th>5-Aminosalicylic Acid</th>
<th>Acetilsalicylic Acid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adprin-B products</td>
<td>Alka-Seltzer products</td>
<td>Amigesic</td>
</tr>
<tr>
<td>Anacin products</td>
<td>Anexia w/Codine</td>
<td>Argesic-SA</td>
</tr>
<tr>
<td>Arthra-G</td>
<td>Arthriten products</td>
<td>Arthritis Foundation products</td>
</tr>
<tr>
<td>Arthritis Pain Formula</td>
<td>Arthritis Strength BC Powder</td>
<td>Arthropan</td>
</tr>
<tr>
<td>ASA</td>
<td>Asacol</td>
<td>Ascriptin products</td>
</tr>
<tr>
<td>Aspengum</td>
<td>Asprimox products</td>
<td>Azdone Axotal</td>
</tr>
<tr>
<td>Azulfidine products</td>
<td>B-A-C</td>
<td>Backache Maximum Strength Relief</td>
</tr>
<tr>
<td>Bayer Products</td>
<td>BC Powder</td>
<td>Bismastr products</td>
</tr>
<tr>
<td>Buffered Aspirin</td>
<td>Bufferin products</td>
<td>Buffets II</td>
</tr>
<tr>
<td>Buffex</td>
<td>Butal/ASA/Caff</td>
<td>Butalbital Compound</td>
</tr>
<tr>
<td>Cama Arthritis Pain Reliever</td>
<td>Carisoprodol Compound</td>
<td>Cheracol</td>
</tr>
<tr>
<td>Choline Magnesium Trisalicylate</td>
<td>Choline Salicylate</td>
<td>Cope</td>
</tr>
<tr>
<td>Coricidin</td>
<td>Cortisone Medications</td>
<td>Damason-P</td>
</tr>
<tr>
<td>Darvon Compound-65</td>
<td>Darvon/ASA</td>
<td>Dipentum</td>
</tr>
<tr>
<td>Disalcid</td>
<td>Doan's products</td>
<td>Dolobid</td>
</tr>
<tr>
<td>Dristan</td>
<td>Duragesic</td>
<td>Easprin</td>
</tr>
<tr>
<td>Ecotrin products</td>
<td>Empirin products</td>
<td>Equagesic</td>
</tr>
<tr>
<td>Excedrin products</td>
<td>Fiorgen PF</td>
<td>Fiorinal products</td>
</tr>
<tr>
<td>Gelpirin</td>
<td>Genprin</td>
<td>Gensan</td>
</tr>
<tr>
<td>Goody's Extra Strength Headache Powders</td>
<td>Halfprin products</td>
<td>Isosyl Improved</td>
</tr>
<tr>
<td>Kaozene</td>
<td>Halnoral</td>
<td>Lortab ASA</td>
</tr>
<tr>
<td>Magan</td>
<td>Magnaprin products</td>
<td>Magnesium Salicylate</td>
</tr>
<tr>
<td>Magal</td>
<td>Marnal</td>
<td>Marthritic</td>
</tr>
<tr>
<td>Meprobamate</td>
<td>Mesalamine</td>
<td>Methocarbamol</td>
</tr>
<tr>
<td>Micarin</td>
<td>Mobidin</td>
<td>Mobigesic</td>
</tr>
<tr>
<td>Momentum</td>
<td>Mono-Gesic</td>
<td>Night-Time Effervescent Cold</td>
</tr>
<tr>
<td>Norgesic products</td>
<td>Norwich products</td>
<td>Olsalazine</td>
</tr>
<tr>
<td>Orphengesic products</td>
<td>Oxycodeone</td>
<td>Pabalate products</td>
</tr>
<tr>
<td>P-A-C</td>
<td>Pain Reliever Tabs</td>
<td>Panusal</td>
</tr>
<tr>
<td>Pentasa</td>
<td>Pepto-Bismol</td>
<td>Percodan products</td>
</tr>
<tr>
<td>Phenaphen/Codeine #3</td>
<td>Pink Bismuth</td>
<td>Propoxyphene Compound products</td>
</tr>
<tr>
<td>Robaxinal</td>
<td>Rowasa</td>
<td>Roxeprin</td>
</tr>
<tr>
<td>Saleto products</td>
<td>Salflex</td>
<td>Salicylate products</td>
</tr>
<tr>
<td>Salsalate</td>
<td>Salstib</td>
<td>Scot-Tussin Original 5-Action</td>
</tr>
<tr>
<td>Sine-off</td>
<td>Sintub</td>
<td>Sodium Salicylate</td>
</tr>
<tr>
<td>Sodal Compound</td>
<td>Soma Compound</td>
<td>St. Joseph Aspirin</td>
</tr>
<tr>
<td>Sulfasalazine</td>
<td>Supac</td>
<td>Suprax</td>
</tr>
<tr>
<td>Synalgos-DC</td>
<td>Talwin</td>
<td>Triaminicin</td>
</tr>
<tr>
<td>Tricosal</td>
<td>Trilisate</td>
<td>Tussanil DH</td>
</tr>
<tr>
<td>Tussirex products</td>
<td>Ursinus-Inlay</td>
<td>Vanquish</td>
</tr>
<tr>
<td>Wesprin</td>
<td>Willow Bark products</td>
<td>Zorprin</td>
</tr>
</tbody>
</table>
### IBUPROEN MEDICATIONS TO AVOID

- Acular (ophthalmic)
- Anaprox products
- Clinoril
- Dimetapp Sinus
- Feldene
- Genpril
- Ibuprin
- Indochron E-R
- Ketoprofen
- Meclofenamate
- Menadol
- Nabumetone
- Naprosyn products
- Nuprin
- Oruvail
- Ponstel
- Rhinocaps
- Suprofen
- Toradol
- Advil products
- Ansaid
- Daypro
- Dristan Sinus
- Fenoprofen
- Haltoran
- Ibuprofen
- Indocin products
- Ketorolac
- Meclomen
- Midol products
- Nelfon products
- Naprox X
- Ocufen (ophthalmic)
- Oxaprozin
- Profen
- Sine-Aid products
- Tolectin products
- Voltaren

### OTHER MEDICATIONS TO AVOID

- A.C.A.
- Actifed
- Anturane
- Childrens Advil
- Coumadin
- Dipyridamole
- Flagyl
- Garlic
- Isollyl
- Mellanil
- Pan-PAC
- Phenylpropanolamine
- Pyroxate
- Sinex
- Sparine
- Tenuate
- Ticlid
- Ursinus
- Adapin
- Anafranil
- Clomipramine
- Elavil
- Imipramine
- Ludomil
- Nortriptyline
- Protriptyline
- Tofranil
- Vivactil
- 4-Way w/ Codei
- Accutrim
- Anisindione
- BC Tablets
- Contac
-Dicumeryl
- Enoxaparin injection
- Furadantin
- Hydrocortisone
- Macroductin
- Opasal
- Persantine
- Proamine
- Salatin
- Soltice
- Sulfinpyrazone
- Thorazine
- Trental
- Warfarin
- A-A Compound
- Anexia
- Arthritis Bufferin
- Clinoril C
- Dalteparin injection
- Emagrin
- Fragnin injection
- Heparin
- Lovenox injection
- Miradon
- Pentoxyfylline
- Prednisone
- Ru-Tuss
- Sofarim
- Stelazine
- Tenuate Dospa
- Ticlopidine
- Vitamin E

### TRICYCLIC ANTIDEPRESSANTS MEDICATIONS TO AVOID

- Amitriptyline
- Asendin
- Desipramine
- Endep
- Janimine
- Maprotiline
- Pamelor
- Sinequan
- Triavil
- Amoxapine
- Aventyl
- Doxepin
- Etrafon products
- Limbitrol products
- Norpramin
- Pertofrane
- Surmontil
- Trimipramine
Pre-Surgery body cleansing instructions:

Please shower with Hibiclens prior to your surgery. You may be asked to shower before your pre-op appointment also.

Gather clean, freshly-laundered washcloths, towels and clothes.

Instructions:
- Wash hair, face and body using your normal shampoo and soap (be sure to rinse off thoroughly).
- Turn off the shower or step out of the water flow.
- Pour a quarter sized amount of liquid Hibiclens onto a clean wet washcloth and scrub entire body, for 3 minutes (apply more soap if needed).
- For facial surgery, use on head and face, but be sure not to get soap in your eyes.
- Turn on the shower/return to the bath and rinse thoroughly with warm water.
- Do NOT use regular soap after washing with the Hibiclens.
- Pat your skin dry with a clean, freshly laundered towel.
- Do not apply any deodorant, talc, creams, powders, perfumes, sprays, lotions etc.
- Dress with clean, freshly laundered clothes.
- If allergy reactions occur, rinse off and stop using.

Note:
Please do not shave any areas below the neck near the surgical site for one week prior to surgery.
If the doctor marks your skin with a pen at the pre-op appointment, the marker that is used might rub off onto your clothing. Please wear dark clothes to your pre-op appointment.